POSITION INITIALS ID NO. DATE

FEE DETERMINATION
O.I.P.E. CLASSIFIER
FORMALITY REVIEW
RESPONSE FORMALITY REVIEW

## INDEX OF CLAIMS

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41	_	<del>                                     </del>	142	
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43	93	<del>┡╶┢┈╽╶╏</del> ╌╏	144	
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49	99	╀┼┼┼┼┼┤	150	<del>                                      </del>
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If more than 150 claims or 10 actions staple additional sheet here

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